

OPNAVINST 5350.4C
29 June 1999

FOR OFFICIAL USE ONLY

SAMPLE LETTER
ALCOHOL TREATMENT COMPLETION LETTER

5350
Ser
Date

From: Commanding Officer, _____
To: _____
(Rank/Rate, First MI Last Name, USN/USNR, SSN)

Subj: ALCOHOL TREATMENT COMPLETION STATEMENT

Encl: (1) Aftercare Treatment Plan

1. Congratulations. You have completed treatment for alcohol abuse/dependency.
2. You are directed to participate in the prescribed aftercare plan provided per enclosure (1).
3. Your commitment to this plan is vital to your long-term recovery.

(Commanding Officer)

Copy to:
Field Service Record (w/o encl)

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Appendix B to
Enclosure (1)